BAJAJ | Allianz
Relationship Beyond Insurance

Bajaj Allianz General Insurance Co. Ltd
G.E. Plaza, Airport Road, Yerawada,Pune - 411006.
IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

For Office Use Only :			For Agent Use Only :					
Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL): PROPOSAL FORM

Instructions For Filling Up The Form:-

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details

1. Full Name: Title | First Name
   Middle Name | Surname
   Is your name mentioned above as per your Aadhaar Card? : ☐ YES ☐ NO If No, Please mention the Name as per Aadhaar Card
2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG
3. Gender: ☐ Male ☐ Female ☐ Other — 4. Date of Birth (D D M M Y Y Y Y)
5. PAN No. — 6. UID/Aadhaar no.:
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee
8. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed — 9. No. of Children _____Sons _____Daughters
10. Occupation ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired ☐ Others

11 a) Permanent / Residential Address 11

House No.
House Name
Landmark/Locality
Road/Area Name
City/District
State
Pin Code
Tel.
Mobile
Email

b) Correspondence Address: (All the communications will be sent to the below address)

House No.
House Name
Landmark/Locality
Road/Area Name
City/District
State
Pin Code
Tel.
Mobile
Email

12. Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified
13. Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000 ☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh
14. In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email
15. Nationality — 16. Policy Period ☐ 1 year ☐ 2 year ☐ 3 year

Details of persons to be insured

Member Details	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Gross Monthly Income	Nominee	Nominee Relationship with Insured

Base Cover Details

It is mandatory to opt for at least one of the Sections (Section I – Death, Section II- Permanent Total Disability, and Section III- Permanent Partial Disability)

Member Details	Occupation	Any Existing Disability/ Infirmity	DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY
			Sum Insured	Sum Insured	Sum Insured

Optional Cover Details

You may opt for the following Optional Covers on payment of additional premium.

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit*		Air Ambulance Cover	Children's Education Benefit**	Coma Due to Accidental Bodily Injury	EMI Payment Cover***
	Sum Insured	Death Sum Insured	PTD Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit*****
	Sum Insured	Per Day Benefit	Sum Insured	Weekly Benefit Amount	Sum Insured ₹25,000	Sum Insured ₹25,000

Loan Account Details (Please fill in details in case of Loan protector cover and EMI Payment cover):-

Bank Name: _____ Address _____

Type of Loan: _____ Loan Account Number: _____

Sanctioned Loan Amount: _____ Loan Period _____ EMI (Rs.) _____

Note:

- *"Adventure Sports Benefit" can be opted only if the Proposer has opted for Section I – Death Cover AND/ OR Section II: Permanent Total Disability
- **"Children's Education Benefit" can be opted only if the Proposer has opted for Section I – Death Cover AND/OR Section II – Permanent Total Disability
- ***"EMI Payment Cover" can be opted only if the Proposer has opted for Section 3 – Permanent Partial Disability (Loan Sanction Letter to be submitted mandatorily.)
- ****"Loan Protector Cover" can be opted only if the Proposer has opted for Section 1 – Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.)
- *****"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional cover's

EXISTING INSURANCE DETAILS

Are the persons insured under the policy , already insured under any similar kind of cover? ☐ Y es ☐ No

Coverage	Name and Address of Insurance Company	Policy Number	Sum Insured	Period of Insurance
				From: DD/MM/YYYY , To: DD/MM/YYYY
				From: DD/MM/YYYY , To: DD/MM/YYYY

Declaration*

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date ____ / ____ / _____

Place :_____

Signature/ Thumb Impression of the Proposer

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract**

Date ____ / ____ / ____

Place: _____

Signature (On behalf of Proposer)

*Please read declaration wordings carefully before signing the proposal form.

**This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: _____

sum of Rs. _____ through Cash# / Cheque / DD / Credit Card / Debit Card No. _____ against your proposal for Health Policy.

Signature of Bajaj Allianz Official/ Intermediary: _____ Date: _____ Time: _____ Place: _____

Bajaj Allianz Official / Intermediary Name: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion